

SEXUALITY OF COUPLES DURING THE GESTATIONAL PERIOD

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Abstract: Pregnancy is characterized by several physiological, physical and emotional changes, and one of the main transformations occurs in the field of sexuality, encompassing intimacy, sensations and feelings. Thinking about sexuality during pregnancy is entering a scenario full of judgments, prejudices, beliefs and values. **Objective:** To evaluate some aspects of the sexual affective relationship of pregnant couples. **Method:** This is a cross-sectional, exploratory, descriptive study with a quantitative approach with 07 pregnant, heterosexual couples, with more than 24 weeks of gestation and seen in the second half of 2022, in a city in the interior of Mato Grosso. **Results:** The results in this research bring to light the responses of pregnant women and their partners regarding dialogue, sexual desire, excitement, orgasm, sexual satisfaction, oral, vaginal and anal sex, are present in the daily life of a couple's relationship. throughout pregnancy. Regarding the interviewees' knowledge about sexual practice during the gestational period, 85.7% of pregnant women do not believe that the activity can harm the fetus, while 28.6% of men believe that this thought is true. Regarding information about sexuality during prenatal care, 42.9% "never" received it and 42.9% yes; Among the partners, 85.7% "never" received guidance on the subject at this stage. **Conclusion:** It was found that the couples in the present study maintain an open dialogue and decreased sexual activity. Furthermore, there was also a need to clarify doubts regarding penetrative sex and harm to the baby.

Keywords: Gestation. Sexuality. Relationship.

INTRODUCTION

Sexual health is understood as physical, mental, emotional and social well-being related to sexuality. In this way, she not only understands particular aspects of reproductive health, but also has the opportunity to have safe and pleasurable sexual experiences, without coercion, discrimination and violence. In this way, everyone has the right to sexual and reproductive information and education and, in addition, they also have the right to quality health services with confidentiality, privacy (WHO *et al.*, 2015).

Pregnancy is characterized by several physical, psychological and emotional transformations, which each pregnant woman feels and experiences in a unique way, as does her partner, and these transformations can directly reflect on the pregnant couple's sexual life (Silva França *et al.*, 2014). Therefore, myths and beliefs that pregnant couples still have regarding sexuality and penetrative sexual practices can influence the non-occurrence of sexual intercourse (Alves *et al.*, 2018).

Health professionals, as instruments for disseminating information to the communities where they work, need to be the first to promote knowledge. However, they are not always trained and equipped to provide holistic and comprehensive care for the patients they care for. It is noteworthy that some professionals sometimes do not feel comfortable or prepared to enter and delve deeper into the universe of sexuality, and, in addition, the internalization of limiting values and prejudices in relation to sexuality can be one of the factors that make it difficult to opening couples' interaction with health professionals or the healthy experience of sexuality (Vieira *et al.*, 2012).

Given the above, driven to overcome cultural barriers and enter the scene of sexuality during the gestational period, to shed light on a theme that is part of the

construction of motherhood, fatherhood, life and living. The objective was to evaluate some aspects of the sexual experience of pregnant couples, as well as to highlight the need for health professionals to invest in this topic.

METHODS

This is a cross-sectional, exploratory, descriptive study, with a quantitative approach on 7 pregnant couples (14 participants), heterosexual, residents of a municipality located in the Central-West region, in the state of Mato Grosso.

All individuals in the present study are users of the Unified Health System (SUS) and regularly registered in their respective Basic Health Units (UBS). The couples were randomly selected by members of the extension project "SASEX – Health and Sexuality", Campus Universitário do Araguaia (CUA), of "Universidade Federal do Mato Grosso" (UFMT).

The inclusion criteria were: being a pregnant heterosexual couple who maintain active sexual activity, being more than 24 weeks pregnant and being a user of the SUS. We chose to work with pregnant women over 24 weeks of gestation because they already had visible body changes. The exclusion criteria were: having a contraindication (threat of preterm birth - premature); short or dilated cervix; placenta previa; infection; pre-eclampsia; vaginal bleeding (vaginal hemorrhage); signs of labor (water break); pregnant discomfort or pelvic pain.

Data collection was carried out in the second half of 2022, through the application of a semi-structured questionnaire containing objective questions, which addressed the sexual performance and satisfaction of the pregnant couple. To request permission for pregnant women to access the UBS and consequently their inclusion in the research, nurses from certain UBS in the city of Barra

do Garças – MT were first contacted.

After obtaining permission, to approach pregnant women while they were waiting for their prenatal consultation, a member of the SASEX project started going to the unit and staying at the reception. When approaching them, the student presented the objective of the research and, having accepted participation, scheduled data collection at the couple's home.

After scheduling the visit date and time, the couples were visited by two researchers trained and qualified to approach the couple and apply the questionnaire. In order to preserve the couple's secrecy, intimacy and privacy, they chose a private space in their own residence, so that they would not be interrupted by family members and would not have access to the partnership's responses.

After data collection, the questionnaires were organized, numbered and tabulated in the Epi Info software, version 3.5.1. The analysis took place in a descriptive way and the results are presented in tables and charts. It must be noted that the research was approved by the Ethics Committee for Research with Human Beings of "Universidade Federal de Mato Grosso", under number CAAE: 65604317.2.0000.5587 and protocol number 2.062.048, respecting Resolution nº466/12 of the National Health Council (CNS).

RESULTS AND DISCUSSION

The data is organized into four parts: sociodemographic, human sexual response, knowledge about sexuality and types of sexual practices. Table 1 is a comparison of sociodemographic data between pregnant women and partners.

Description	Pregnant		Husband	
	N	%	N	%
Age				
Under 20 years old	1	14,3	1	14,3
21 to 25 years old	2	28,6	1	14,3
26 to 30 years old	3	42,9	2	28,6
31 to 35 years old	1	14,3	3	42,9
Total	7	100	7	100
Education				
Incomplete elementary education	1	14,3	-	-
Complete primary education	2	28,6	-	-
Incomplete high school	-	-	2	28,6
Complete high school	-	-	3	42,9
Incomplete higher education	2	28,6	-	-
Complete higher education	2	28,6	2	28,6
Total	7	100	7	100

Table 1– Distribution of age and education among interviewees (N=14). State of Mato Grosso, Central-West Region, Brazil, 2024.

Source: own authorship, 2024.

The study participants are users of the SUS, being pregnant women and their partners, who, according to Table 1, showed, among the former, the ages of 21 and 30 years, and in relation to the latter, 26 to 35 years.

The results of a study highlighted that the variables “age”, “income” and “type of health service” influenced sexual dysfunction among participants, with 32.1% having sexual dysfunction. The prevalence of pregnant women was between 21 and 30 years old ($p<0.001$), with income between 1 and 2 minimum wages ($p=0.048$) and users of the public health network ($p=0.000$) (Soares et al. 2020).

Regarding the level of education of pregnant women, complete primary education, complete higher education and incomplete higher education are evident. When analyzing the partners, complete and incomplete secondary education predominated, as well as complete higher education.

In a study carried out with pregnant women related to sexuality and associated risks, sexual

practices and positions increased ($p<0.0001$) depending on: education, number of births, sexual life, desire and excitement and sexual disposition of the pregnant woman, frequency of orgasm and sexual practices ($p<0.0001$) (Pereira et al., 2021).

Table 2, regarding “dialogue”, demonstrates the frequency of conversations within the relationship of each pregnant couple, and reveals the prevalence of “very open” dialogue for women and “open” dialogue among men. None of the participants reported a “very closed” or even “closed” dialogue, strengthening, in this context, good dialogue between the couple is crucial, as it allows them to have an active and pleasant sexual life at a time characterized by several physiological and physical changes, hormonal and emotional, where more attention, understanding, care and companionship is required from both parties (Silva França et al., 2014).

This way, the father’s attention, commitment and emotional support not only during pregnancy, but also during childbirth and postpartum, will vigorously lead to the evolution of all these processes, with the partner acting as a present and important participant, which will help with the couple’s self-esteem and communication (Carteiro & marques, 2010).

In a study, it was identified that women who are most satisfied with their sexuality are those who are happiest with their relationship as a couple, and in addition, sexuality is intertwined with sexual contentment, the fear of hurting the fetus, happiness in relationship between union with a partner and general well-being (Kračun et al., 2019).

Description	Pregnant		Husband	
	N	%	N	%
Dialogue				
Very closed	-	-	-	-
Closed	-	-	-	-
Neither closed nor open	-	-	1	14,3
Open	2	28,6	4	57,1
Very open	5	71,4	2	28,6
Total	7	100	7	100
Sexual desire				
Rarely	3	42,9	-	-
Sometimes	2	28,6	1	14,3
Frequently	1	14,3	1	14,3
Ever	1	14,3	5	71,4
Total	7	100	7	100
Excitement				
Rarely	1	14,3	-	-
Sometimes	3	42,9	-	-
Often	2	28,6	1	14,3
Ever	1	14,3	6	85,7
Total	7	100	7	100
Orgasm				
Rarely	1	14,3	-	-
Sometimes	2	28,6	1	14,3
Frequently	3	42,9	1	14,3
Ever	1	14,3	5	71,4
Total	7	100	7	100
Satisfaction				
Rarely	1	14,3	-	-
Sometimes	2	28,6	1	14,3
Frequently	2	28,6	-	-
Ever	2	28,6	6	85,7
Total	7	100	7	100

Table 2– Distribution of dialogue, desire, excitement, orgasm and sexual satisfaction among interviewees (N=14). State of Mato Grosso, Central-West Region, Brazil, 2024.

Source: own authorship, 2024.

Fluctuations in sexual desire and practices may occur, also as a result of the physiological changes that are expected during this period of a woman's life (Fernández-Sola et al., 2018). As shown in Table 2, item 2 shows a prevalence of pregnant women (42.9%) who “rarely” feel

sexual desire for their partner, but there were also responses in the options “sometimes” (28.6%), “often ” (14.3%), “always” (14.3%).

Unlike pregnant women, the partners' results in relation to “sexual desire”, as shown in Table 2, item 2, reveal that 71.4% always have sexual desire for their pregnant partner, which means that even with the changes that pregnancy brings to the couple, sexual desire prevails. Thus, in several other studies, men with greater libido in relation to pregnancy and others who did not feel a difference in sexual desire were identified (Trindade, 1987 apud Carteiro & Marques, 2010).

According to the results of pregnant women on the topic “excitement”, in Table 2, item 3, it is revealed that 42.9% say that they “sometimes” feel excitement for their partner resulting from their husband's foreplay, a reality that can be related to the fact that the women who agreed to participate in the present study were more than 24 weeks pregnant.

Thus, unlike the second trimester, in which the entire sexual disposition can return to the surface, when there is an improvement in pregnancy symptoms, in the third trimester, as in the first, there may be a decrease in this aspect, not caused by the initial symptoms of pregnancy, but rather due to exhaustion and more pronounced bodily changes, such as belly growth (Fernández-Sola et al., 2018).

Compared to partners, 85.7% “always” experience excitement for the woman at this gestational stage. In a cross-sectional study carried out in a Health Center in Fortaleza with 108 pregnant women, it was found that 58% of pregnant women were sought out by their respective partners and with the same frequency as in the pre-pregnancy period, and the remaining 43.5% were sought after much more than in the period before pregnancy (Barbosa et al., 2011).

Still in Table 2, item 4, regarding “orgasm”, for the majority of pregnant women, it was

revealed that 28.6% “sometimes” feel it, and 28.6% “often” feel the climax of sexual pleasure. Unlike pregnant women, among partners 71.4% “always” experience “orgasm”.

In an analysis carried out by the Oswaldo Cruz Foundation in Rio de Janeiro, a decrease in orgasm was identified compared to pre-pregnancy and pregnancy. Furthermore, due to historical imposition, women have more restricted sexual paths compared to men, so they still live in a society marked by the strong distinction between female and male social and sexual paths, and female sexual results tend to be different from those of men. male (Bertoldo, 2016).

The last item in Table 2, “sexual satisfaction”, shows that 28.6% “sometimes”, 28.6% frequently and 28.6% always experience sexual satisfaction. Regarding the partners’ results on the sexual satisfaction variable, 85.7% said that they “always” go through this phase.

Sexual satisfaction is one of the parameters to analyze the quality of a person’s sexual health, without giving importance to which sexual acts take place, whether there is an orgasm or not (Bertoldo, 2016). The women who are most satisfied with their sexuality are those who are happiest with their relationship as a couple. That sexuality and sexual contentment are intertwined with the fear of harming the fetus, happiness regarding union with a partner, and general well-being (Kračun et al., 2019).

The results of pregnant women compared to those of their partners are different: in the results of pregnant women there are variations between almost all options (rarely, sometimes, often and always); Men are only found in the “sometimes” and “always” options. The decrease in sexual satisfaction in pregnant women from the third trimester onwards is expected, as the belly becomes heavier, the spine compromised, the bladder more compressed and, in addition, physiological,

psychological and emotional changes can also be major influencers for this reality (Preis, 2017).

Therefore, there are other studies that show a decrease in sexual satisfaction at this stage of pregnancy, compared to the pre-pregnancy period. As for men, it was evident that sexual satisfaction is present, as 71.4% of them stated that they always had sexual satisfaction in their relationship.

Table 1 describes the interviewees’ responses about the couple’s practice of vaginal, oral and anal sex during the gestational period. Item 1 shows a prevalence of 42.9% among those interviewed, who “sometimes” have oral sex with their partner. The pregnant women’s partners, in their majority (42.9%), declared that they “always” practice it. “The least used practice of oral sex both before and during pregnancy was ‘mutual oral sex’, with this also having a significant decrease during the gestational period” (Bertoldo, 2016).

In item 2 of Table 1, it is clear that 42.9% of women “always” enjoy penetrative vaginal sex. Among the partners, unlike these pregnant women, 85.7% “always” said they had vaginal sex in their marriage. Thus, the type of sex most practiced by participants in the present study is vaginal sex.

According to Bozon (2004), the most solid manifestation of heterosexual couples’ bonding is vaginal penetration. In an analysis of the sexual activity of pregnant women treated in the prenatal services of two federal public maternity hospitals, in the state of Rio de Janeiro, among all sexual practices, “vaginal sex” was the most practiced in all groups analyzed, this is the practice that can cause more discomfort in the last months of pregnancy (Bertoldo, 2016).

Regarding anal sex, it was found that 100% of husbands mentioned not having penetrative anal sex during pregnancy. However, 28.6% of pregnant women said they

	Oral sex				Vaginal sex				anal sex			
	Pregnant		Husband		Pregnant		Husband		Pregnant		Husband	
	N	%	N	%	N	%	N	%	N	%	N	%
Never	-	-	2	28,6	-	-	-	-	4	57,1	7	100
Rarely	2	28,6	1	14,3	-	-	-	-	2	28,6	-	-
Sometimes	3	42,9	-	-	2	28,6	1	14,3	1	14,3	-	-
Frequently	1	14,3	1	14,3	2	28,6	-	-	-	-	-	-
Ever	1	14,3	3	42,9	3	42,9	6	85,7	-	-	-	-
TOTAL	7	100	7	100	7	100	7	100	7	100	7	100

Table 1– Description of interviewees about vaginal, oral and anal sex during the gestational period (n=14). Central-West Region, in the state of Mato Grosso, Brazil, 2024.

Source: own authorship, 2024. **Subtitle:** N=Number, %=Percentage.

rarely have this practice, and 14.3% reported that it sometimes occurs. A study carried out in Santa Catarina with 138 pregnant women showed that before pregnancy, 13.9% of pregnant women had anal sex and, during pregnancy, these rates fell, with a significant difference in the proportions between the first trimester of pregnancy (7.3%) and the third quarter (5.9%), (Sacomori & Cardoso, 2008). Studies on anal sex are still very scarce, as a result of taboos and limiting beliefs, and thus, there have been difficulties in finding theories.

Table 3 shows the interviewees' knowledge about sexual practice during the gestational period. Item 2 shows that 85.7% of pregnant women think that sexual activity does not harm the fetus. Unlike partners, 28.6% believe that sexual intercourse can cause harm to the baby and 28.6% were unable to answer. Furthermore, 42.9% of pregnant women “never” received information on the topic of sexuality, while 42.9% responded that they had already had the opportunity to discuss this type of content.

Description	Pregnant		Husband	
	N	%	N	%
It hurts the fetus				
Yes	-	-	2	28,6
No	6	85,7	3	42,9
I don't know	1	14,3	2	28,6
Total	7	100	7	100
Information about sexuality in prenatal care				
The person did not answer	-	-	1	14,3
Never	3	42,9	6	85,7
Rarely	1	14,3	-	-
Yes	3	42,9	-	-
Total	7	100	7	100

Table 3– Respondents' knowledge about sexual practices during the gestational period (n=14). Central-West Region, in the state of Mato Grosso, Brazil, 2024.

Source: own authorship, 2024.

Participants in the study by Araújo and collaborators (2012) demonstrated changes in their sexual life, referring to the fear of hurting or altering the vitality of the fetus, bringing their perception of sex as something harmful. The findings show that there are partners who “do not know” whether penetrative sex harms the fetus. Thus, these findings converge with an Iranian study that also presented parents who believe that penetrative sex can harm the fetus (Khalesi; Bokaie; Attari, 2018).

In this universe of intense transformations and new experiences, it prevails that the majority have never received information about the experience of sexuality in pregnant couples. According to the circumstances and the tangle of interfaces that persist in the world of sexuality, Vieira et al., (2016) bring to light the thought that health professionals do

not feel comfortable talking about the subject, as well as the fear of safe information about sexuality during the gestational process.

FINAL CONSIDERATIONS

During the interview period, the perception of how complex it is to delve into the universe of sexuality with couples who are experiencing pregnancy was clear. Thus, given the discussions presented, it was confirmed how this period is experienced in a unique way by each pregnant woman, as well as by their partners.

It was seen that the pregnant women and their respective partners who participated in the present study maintain an open dialogue between the couple, which may be the consequence of the presence of sexual practices in the relationship during pregnancy. However, it was also identified that pregnant women's responses regarding desire, excitement, orgasm and sexual satisfaction compared to men's responses decreased due to physiological, bodily, psychological and emotional changes, in addition, for some men

pregnancy can be an indication to increase sexual responses.

As for the sexual practices (oral, vaginal and anal sex) of pregnant couples, the most used is vaginal sex, as other studies have also proven this. And the least practiced is anal sex, which tends to decrease drastically during the gestational period.

As for couples' knowledge about sexuality during pregnancy, 28.6% of partners believe that penetrative sex can hurt the fetus, unlike pregnant women, 85.7% of whom do not believe in this idea. This difference may come from the father's non-participation in prenatal consultations, as 85.7% of them have never witnessed the matter in a consultation and as a consequence, a decrease in the couple's sexual performance may occur.

Therefore, it is necessary for health professionals to seek and learn more about this complete universe that is sexuality during pregnancy, in order to be able to fulfill one of the main roles of health professionals, which is to promote and provide reliable and quality information.

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